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ABSTRACT

This guidebook is designed to be used in implementing comprehensive prevention programs for children and youth in schools and communities. The primary goals of this planning guide are: provide educators and communities with a prevention model that will help them facilitate the implementation of effective comprehensive programs; provide a framework for comprehensive prevention programs based on resiliency and protective factor research; bring research and practice in the field of prevention closer together; show school teams how to integrate effective prevention programs into schoolwide programs, school improvement, and school reform efforts. Chapters include: "School Change and Effective Schools: Implications for Prevention in New Settings"; "Systemic Reform"; "Building the Framework: Resiliency as a Model for School Reform and Comprehensive Prevention Programs"; "Approaches to Prevention: Lessons Learned Along the Way"; "Characteristics of Effective Comprehensive Prevention Programs: Promising Approaches Further Implications from the Research": and "Comprehensive Approaches to Prevention: Collaboration, Team Building and the School Improvement Process." A bibliography and an appendix concerning community team building are included. (MKA)

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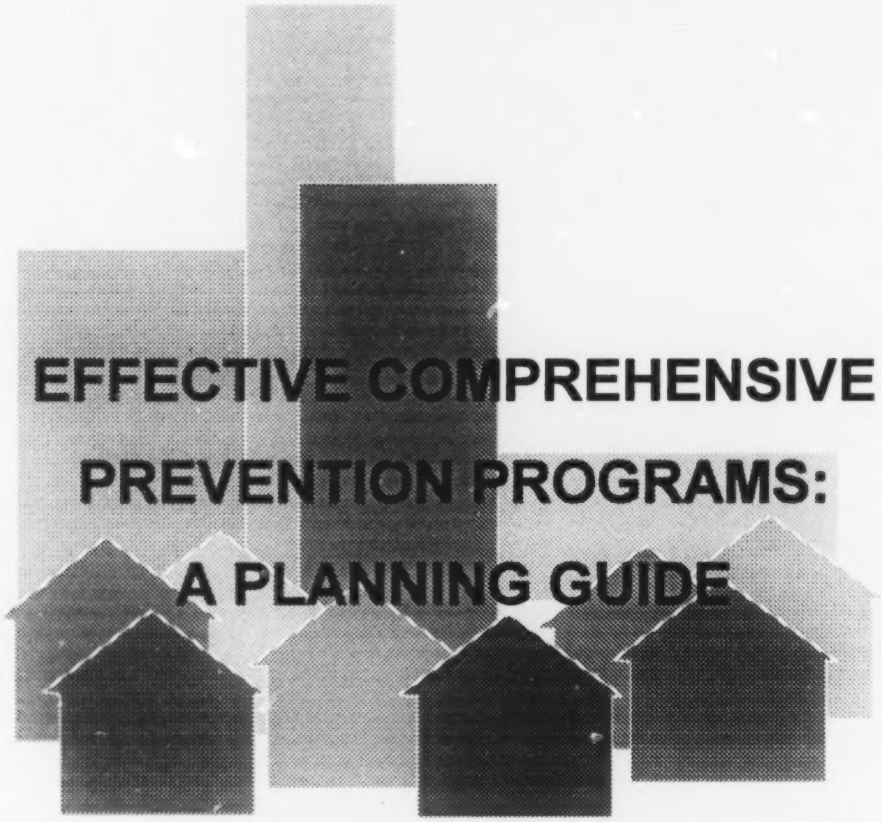

EFFECTIVE COMPREHENSIVE PREVENTION PROGRAMS: A PLANNING GUIDE

by

Andrew N. Duncan,
Stevie Stephens-Burden,
and
Ann Bickel

March 1996

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Northwest Regional Educational Laboratory

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We are confident that you will find this to be a valuable tool in planning your prevention program.

Carlos J. Sundermann
Director, Western Regional Center for Drug-Free
Schools and Communities

Introduction

For the past eight years the Western Regional Center for Safe and Drug-Free Schools and Communities has been dedicated to providing quality training and technical assistance in the prevention field. This document reflects Western Center's commitment to resiliency-focused and research-based prevention programming. It is our hope that the readers will find the guidebook useful in implementing comprehensive prevention programs that are of service to the children and youth in their schools and communities. The primary goals of this guidebook are to:

- Provide educators and communities with a prevention model that will help them facilitate the implementation of effective comprehensive programs
- Provide a framework for comprehensive prevention programs based on resiliency and protective factor research
- Bring *research* and *practice* in the field of prevention closer together
- Show school teams how to *integrate* effective prevention programs into *schoolwide programs, school improvement* and *school reform* efforts

One of the major problems that the prevention field has encountered in trying to establish its credibility is the inconsistencies reported about whether or not prevention really works.

One of the major problems that the prevention field has encountered is the inconsistencies reported about whether or not prevention really works. Part of the responsibility for the discrepancies can be attributed to the inconsistencies in applying research results. Often prevention has been filled with well-meaning efforts that felt good and did little. While much remains inconclusive about the research, a great deal has been learned about what does and doesn't work. This prevention program planning model attempts to remedy those discrepancies by applying what has been learned in eight years of research and field observations.

The problems faced by today's youth are persistent and interrelated. A child with problems related to substance abuse is likely to be experiencing problems in school and similarly there is a strong correlation between school failure

and delinquency. Youth experiencing one problem are almost always experiencing other related problems. Symptoms seen at school overlap many social and academic areas and often point to a number of underlying problems. It is this overlap that makes it essential that multiple efforts must be connected to succeed in prevention. The role of a school is to create an environment in which children can learn and grow to become healthy adults and for that to happen, their emotional, social, health, and developmental needs must be met. To meet those needs we must begin to build schools that are cohesive and supportive of healthy growth and development for ALL children.

Schools must re-think the way in which services, including prevention, are defined and delivered.

Times are changing. New alliances are being formed between different programs and disciplines. Systemic reform is forcing schools to rethink how federal, state, and local educational programs can fit together. Shifts in political support and reductions in funding and resources have schools and communities scrambling to make ends meet. It is no longer possible or desirable to segregate prevention efforts from other programs that are working with the same groups of students. Duplication of efforts is an inefficient use of dwindling funds and resources, and worst of all, it is the children and youth who fall through the cracks and are lost. Schools must re-think the way in which services, including prevention, are defined and delivered. Preventing the interrelated problems of substance abuse, adolescent pregnancy, school failure, and delinquency increases success and benefits all children and youth. Using positive youth development and resiliency as guides, important steps can be taken toward achieving success.

Recommendations presented in this guidebook are based on the belief that comprehensive prevention programs are effective and important. They support a broad-based, wholistic approach to prevention that acknowledges the interrelatedness of problems and the need for a comprehensive model based in the belief that ALL children and youth can grow to be successful, healthy, and productive adults. Recommendations that suggest that it is time for Title I coordinators, prevention coordinators, families, teachers, administrators and policymakers to sit down at the same table and work together for the greater good of our children.

While there will be no "silver bullets" or "cure-alls" offered in this document, it is our position that if the model presented here is applied with integrity and dedication, in the long run, prevention will work.

...if the model presented here is applied with integrity and dedication, in the long run, prevention will work.

The changes currently reshaping education provide an opportunity to look differently at how time and funds are used. They provide a pathway to renew worthy efforts—those aimed at helping today's children not only to become educated, but also to become healthy and successful adults.

School Change and Effective Schools
Implications for Prevention in New Settings

Change has always been an integral part of the American educational system and by the 1950s, reforms were directed to raising educational standards for students and teachers. These reforms emphasized developing and disseminating innovations for educators, such as curriculum guidelines, courses of study, and frameworks. It was assumed that people would accept and use new information, particularly that which had been shown to be effective at improving student performance.

A scathing criticism of the educational system, *A Nation at Risk*, published in 1983, pointed to a faltering educational system unable to produce the workforce needed in an increasingly global economy and this served as an additional impetus for school reform.

Educational reform movements have not been entirely successful in improving student teaching and learning.

In the early 1980s, reforms were called top-down reforms because controls, such as the length of school day, were imposed on the school-site and mandated at a state or federal level. By the late 1980s bottom-up reform was used. Often called restructuring, this reform movement focused on decentralized decision-making and site-based management. It was thought that the school organization could change itself when the people most involved in the organization had a chance to define the necessary changes.

Educational reform movements have not been entirely successful in improving teaching and student learning; nevertheless, the lessons we have learned from them give us information we need to plan feasible and effective comprehensive prevention programs. These lessons combined with the extensive research carried out in the 1970s and 80s provide a picture of an effective school.

In the prevention field, closely allied with effective schools research, come studies on the factors that promote *resiliency* in children—those factors that enable children to spring back, rebound, and successfully adapt in the face of adversity, and develop social competence despite exposure to severe stress.

Effective Schools

Reviewing the effective schools literature within the framework of the *resiliency* model (caring and support, high expectations, and active participation) reveals a series of characteristics which taken individually, may produce little statistically significant impact on student performance, taken together create a "synergy of effect" wherein the whole is greater than the sum of the parts.

Effective schools exhibit: **CARING and SUPPORT**

- Pervasive caring
- A positive school climate and a feeling of safety
- High staff morale and cohesiveness
- A strong commitment to community
- Effective student support groups

Effective schools exhibit: **HIGH EXPECTATIONS**

- A school mission and well articulated goals
- Clear academic goals and high academic learning time
- Clear expectations for behavior together with effective discipline and attendance policies
- Public rewards and incentives
- Strong administrative leadership
- Teachers with a sense of efficacy
- Ongoing staff development

Effective schools exhibit the protective factors of caring & support, high expectations, and active participation.

Effective schools exhibit: **ACTIVE PARTICIPATION**

- High levels of student involvement and responsibility
- Diversity in active teaching and learning strategies
- Strong parental involvement with a "parents as partners" attitude in the school
- Good communications networks in the community
- Active relationships with helping agencies in the community
- Involvement of teachers and parents in extra-curricular activities

Systemic Reform

Systemic reform is focused on reforming and restructuring the entire enterprise of education.

The newest wave of education reform, systemic reform, is focused on reforming and restructuring the entire enterprise of education. As the culmination of prior reforms, it corrects the weakness of these reforms while, at the same time, building on their strengths. While previous movements centered mainly on piecemeal changes and more narrowly focused program improvement strategies, such as adding separate curricula for alcohol, tobacco, and other drug prevention, systemic reform is a process aimed at improving the educational system as a whole. Its goal is to create long-term, substantial, and sustained increases in student achievement by implementing a series of planned and coordinated interventions over time throughout the entire system. These changes would build a schoolwide focus to improving the quality of education for ALL children including the provision of comprehensive health instruction (including prevention) in kindergarten through grade 12.

Systemic reform will coordinate changes which can be categorized into three broad areas: curriculum and teaching, school organization, and community outreach. They include, but are not limited to, the following:

Curriculum and Teaching

- Developmentally appropriate practices
- Cooperative learning strategies
- Interdisciplinary and integrated approaches
- Activity-oriented instruction and participatory learning
- Whole language strategies
- Continuous progress: accelerated & enriched programs
- Alternative assessment strategies (authentic/performance)
- Benchmark standards
- Child-centered approaches
- Multi-age grouping
- Metacognitive learning strategies
- Staff development

School Organization

- Shared decision making
- Site based management
- Flexible schedules
- Flexible school year: year round school
- Extended school year
- Inspirational/democratic principal

Community Outreach

- Parents as partners
- Community use of the school
- Family/community involvement
- Adult volunteer programs
- Family resource centers

Reform will be accomplished with the help of deregulation and decentralized decision-making. Initiatives for change will come from both top-down support and bottom-up reform movements. What is different in systemic reform is that these two types of reform function together.

Reform... will guarantee that high standards are implemented in every school.

Top-down support for systemic reform comes from several U. S. Department of Education initiatives. Three key pieces of legislation are: Improving America's Schools Act (1994) the reauthorization of the Elementary and Secondary Education Act; Goals 2000: Educate America Act (1994); and the School-To-Work Opportunities Act (1994). These initiatives set criteria and allocate resources and systems to support change. The U.S. Department of Education and the Office of Educational Research and Improvement are facilitating the development of standards and assessments for all students.

Bottom-up discussions and decisions are made through site-based planning processes with staff, community, parents, and in some cases, students. Autonomy at the school-site level is the fundamental element of systemic reform. This type of comprehensive reform places requirements on educators to plan and coordinate across school and district programs in new and often untested ways to guarantee that high standards are implemented in every school site and classroom.

Schoolwide Programs

Schoolwide Title I programs are a cornerstone of school reform, and are different from previous uses of Title I funds. Previously, schools with disadvantaged youth received funds to expand and improve educational programs for eligible youth. Funds were allocated to schools based on the number and needs of low-achieving youth. Targeted programs used funds only for eligible students and not for other students in the school. These schools used funds to provide remedial education through pullout, replacement, add-on (extended time), or in-class programs. Since most districts across the country receive some Title I funds, the programs have been criticized because the funds are spread too thinly to be effective.

The intent is to build good schools, not just good programs.

Schoolwide programs are now a priority. Unlike targeted assistance programs, schoolwide programs may use their funds throughout the entire school for the improvement of educational programs for all the students at the school. In general schools with high concentrations of poverty tend to have high degrees of educational deprivation. Therefore beginning July 1, 1996, schools with 50 percent or more poverty may operate schoolwide programs.* The intent is to build good schools, not just good programs, and as a result, much greater latitude in the use of the funds is now allowed. The new IASA legislation states that the Secretary may allow schoolwide programs to combine funds, that is to use funds from other U.S. Department of Education programs, such as Title IV, to support schoolwide efforts. "The U.S. Secretary of Education exempts schoolwide programs under Part A, Title I, ESEA, from complying with statutory or regulatory provisions of most Federal education programs, if the intent and purposes of those programs are met in the schoolwide program."

Even though schoolwide programs vary widely across the country, there are required components. Each school is required to have a comprehensive plan for reforming the total instructional program of the school. The law requires that this plan be developed with the involvement of the community to be served and the individuals who will carry out the plan, and if the school relates to a secondary school,

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* *Federal Register*, Vol. 60, No. 183, Thursday, September 21, 1995

students from the school. The plan must be developed in consultation with the school support team for the state or county or with another technical assistance provider.

The following list summarizes the components of a Title I schoolwide program.

Components of a Schoolwide Program

1. *Comprehensive needs assessment* of the entire school based on the *state content and student performance standards*
2. Schoolwide reform strategies that provide opportunities for *all* children to meet the advanced and proficient levels *of student performance*, use *effective instructional strategies*, address the needs of all children in the school, and are consistent with State and local plans under *Goals 2000*
3. Instruction by a *highly qualified* professional staff
4. *Professional development* for teachers and aides (and where appropriate, pupil services personnel, parents, principals, and other staff)
5. Strategies to increase *parental involvement*, such as family literacy services.
6. Plans for assisting *preschool children* in the transition from early childhood programs (Head Start, Even Start, *etc.*) to local elementary programs
7. Measures to include *teachers* in making decisions about *assessments*
8. Activities to *identify*, and *ensure timely assistance* to, students who experience difficulties

The new coordinator must be involved in implementing Title I school-wide programs.

Some items to be addressed in a schoolwide plan include:

- A description of how the school will use the *resources* under Title I and other sources to implement the program
- A listing of other federal and state programs that will be included in the Schoolwide Program
- Provides for *disaggregation* of statistically sound achievement and assessment data by gender, ethnicity, limited English proficiency (LEP), migrant status, and economic status

Implications for Prevention Coordinators

Several important implications for prevention coordinators emerge with these shifts in education. The traditional role of the prevention coordinator is changing. First, the coordinator must become involved in implementing Title I schoolwide programs because most federal categorical resources will eventually go to these schools. It is strongly advised that the Title I parent advisory committee at the school district level become involved and become aware of how to fit prevention into the mandatory components of a schoolwide program. Second, the coordinators must work with all aspects of the systemic school reform movement because the pieces are linked together. Decisions in one area will be integrated with decisions in other areas and Title IV programs and staff can no longer remain separate from other educational programs. Coordinators must now:

Coordinators will now need to weave prevention staff development activities into other school-site staff development comprehensive plans.

- Participate in bottom-up reform processes by engaging actively in the site-based management and planning team
- Participate in top-down reform initiatives, so the controls, mandates, resources, and other innovations reflect effective prevention practices
- Engage in the process of setting academic standards and assessing performance, even though these have not been traditional prevention activities, because these two areas will drive and frame much of the reform
- Weave prevention staff development activities into other school-site staff development comprehensive plans
- Shift from disseminating information about model programs to supporting staff in the use of these models through mentoring and coaching strategies
- Be assertive about meeting the social, emotional, and health needs of children as a necessary part of achieving academic goals

Building the Framework
Resiliency as a Model for School Reform and Comprehensive Prevention Programs

> *The major implication from the resilience research for practice is that if we hope to create socially competent people who have a sense of their own identity and autonomy, who are able to make decisions, set goals, and believe in their own future, then meeting their basic human needs for caring and connectedness; for respect, challenge, and structure; and for meaningful involvement, belonging, and power must become the primary focus of any prevention or education intervention with children and youth." (Benard, 1994)*

An integral part of the Effective Schools research and an increasingly dominant model in prevention efforts, resiliency provides a framework for both school reform and comprehensive prevention efforts.

Benard has synthesized the research findings on resiliency and "summarized them parsimoniously into the resilience traits of *social competence, problem solving, autonomy,* and *a sense of a bright future*; and the environmental protective factors of caring and support, high expectations, and opportunities for participation," thus creating a profile of a resilient child. (See figure 1.)

By studying and focusing on the information provided to us by resiliency research we can begin to build effective prevention programs.

In an effective school, the protective factors of *caring and support* are seen in the relationships established with and among children, teachers and families; *high expectations* ensure success for all kids, foster high self-esteem in children, teachers, and families, and build on family strengths; and *opportunities for participation* get children, teachers, and families involved in decision making and planning, helping others, and engaging children and parents in the learning process. (See figure 2.)

Profile of a Resilient Child

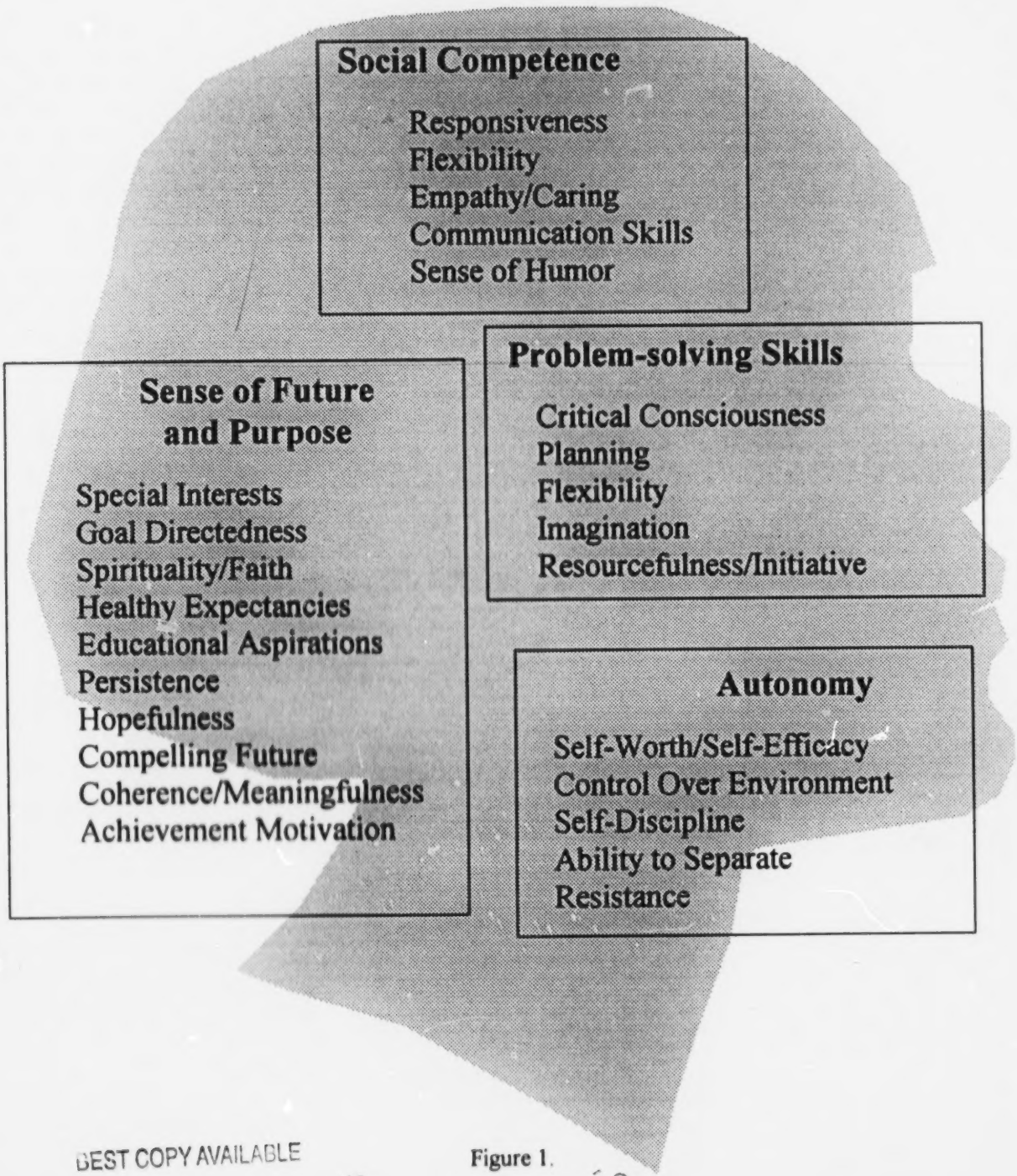

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Figure 1.

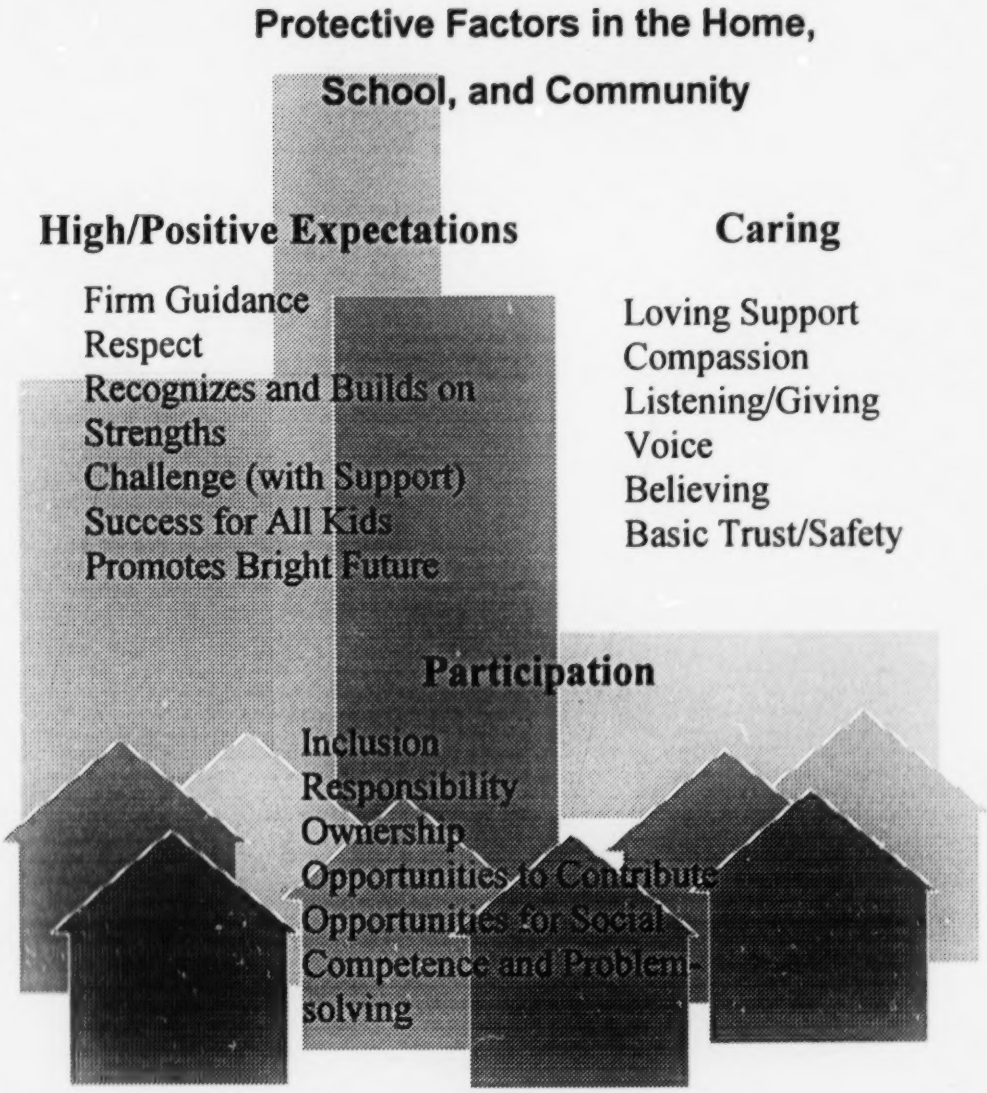

Figure 2.

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...we must understand what it means to be a healthy adult and what youth must accomplish to attain that goal.

Prior to starting any reform efforts or comprehensive prevention programs, we must understand what it means to be a healthy adult and what youth must accomplish to attain that goal. In their final report on adolescent development, the Carnegie Foundation on Adolescent Development concluded that a constructive adult must:

- Find a valued place in a constructive group
- Feel a sense of worth as a person
- Achieve a reliable basis for making informed choices
- Know how to use the support systems available to them
- Express constructive curiosity and exploratory behavior
- Believe in a promising future with real opportunities
- Find ways of being useful to others

(Carnegie Foundation, October 1995)

The Effective Schools and Resiliency research show us what children and youth need to grow into constructive, successful adults. In the following article, Bonnie Benard summarizes the accumulating evidence that supports the resiliency approach to drug, alcohol, and violence prevention and gives us insights into the importance of using the resiliency framework in school restructuring and in the development of Title I schoolwide programs that meet the needs of ALL children.

Fostering Resiliency in Children and Youth: Building Tomorrow's Community Today

Research from the evolving study of resilience, the process whereby youth have overcome great stress and adversity in their lives, gives the youth development field hard, scientific data that all youth—even those with multiple, severe risk factors in their lives—can grow up to be, in the words of the premier researcher, Emmy Werner, "competent, confident, caring adults." These studies, especially the prospective, longitudinal studies following individuals over a lifespan, have documented that at least 50 percent—and often closer to 70 percent—of youth growing up in high-risk environments such as in families with mentally ill, alcoholic, abusive, or criminal parents, or in foster care, war-torn countries, or in poverty, do overcome the odds to lead successful lives. Resilience research validates prior research and theory in human development that has clearly established the biological imperative for growth and development that exists in the human organism and which unfolds naturally in the presence of certain environmental attributes. We are all born with innate resiliency, with the capacity to develop the traits commonly found in resilient survivors: social competence, problem-solving, autonomy, and a sense of purpose and future. Social competence or relationship skills includes qualities such as responsiveness, especially the ability to elicit positive responses from others; flexibility, including the ability to move back and forth between primary culture and dominant culture; empathy, caring, communication skills, and a sense of humor. Problem-solving skills encompass the ability to plan; to be resourceful in seeking help from others; and to think critically, creatively, reflectively, and flexibly, trying out alternative solutions for both cognitive and social problems. The development of a critical consciousness, a critical awareness of the structures of oppression (be it from an alcoholic parent, an insensitive school, or a racist society) and creating strategies for overcoming them has been critical. Autonomy is having a sense of one's own identity as well as an ability to act independently and exert some control over one's environment, including a sense of task mastery, internal locus of control, self-agency, and self-efficacy. The development of resistance(refusing to accept negative messages about oneself or one's culture) and of detachment (distancing oneself from parental, school, or community dysfunction) serves as a powerful protector of autonomy. Lastly, human resilience is manifested in having a sense of purpose and a belief in a bright future, including goal direction, educational aspirations, achievement motivation, persistence, hopefulness, optimism, and spiritual connectedness.

Resilience research, supported by research on school effectiveness, community development, and ethnographic studies capturing the voices of youth, documents clearly the characteristics of family, school, and/or community environments that elicit and foster the natural resiliency in children. These "protective factors," the term referring to the characteristics of environments that appear to alter—or even reverse—predictions of negative outcome and enable individuals to circumvent life stressors and develop resilience despite risk, comprise three broad categories: caring and supportive relationships, positive and high expectations, and opportunities for participation. Caring relationships convey compassion, understanding, respect, interest, belief, safety and establish basic trust. High expectations include the concepts of firm guidance, structure, challenge, motivation, positive beliefs, seeing the strengths, and communicating the message that, "You can do it; You can achieve your dream; I'll be there to support you." Opportunities for meaningful participation mean having opportunities for valued responsibilities, for making decisions, for contributing to one's community, and ultimately, create in youth the sense that they **belong** here, that they do, indeed, have a community. Our challenge as youth workers, teachers, parents, and advocates is to create this sense of community wherever we are with youth, knowing that when we build caring, respectful relationships and create opportunities that allow youth to give their gifts back to their community, we are not only protecting our most vital resource—our youth—but we are nurturing our only hope for the future. (Benard, 3/29/95)

Weaving the Fabric of Resiliency

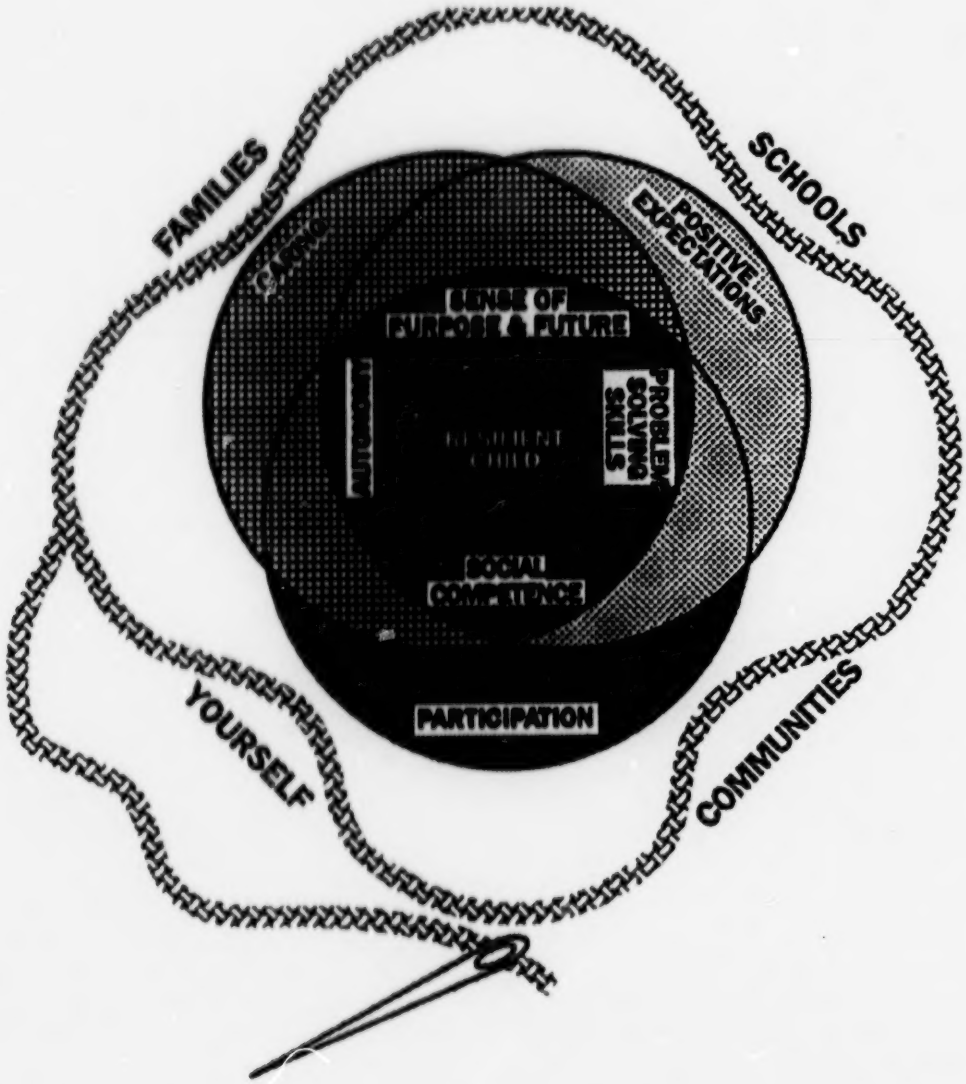

Figure 3.

So Why Bother?
In Support of Comprehensive Prevention Programs

Consider this

- The smoking rate among eighth-graders rose 30 percent from 1991 to 1994. (Wulf, 10/95)
- 28 percent of eighth-graders report having been drunk at least once. (Wulf, 10/95)
- In 1994, 7.8 percent of eighth-graders reported using marijuana in the past month. This is up from 3.7 percent in 1992. (Finigan, 1994)
- According to surveys of eighth-graders nationally, use of inhalants has increased from 4.7 percent in 1992, to 5.6 percent in 1994 .(Finigan, 1994)
- The fastest growing group in the U.S. between 1980 and 1990 was prisoners—up 139 percent. We now have more of our population behind bars than any other nation. (Hodgkinson, 6/92)
- 73 percent of all prisoners released are back in jail for serious crimes in three years. (Hodgkinson, 6/92)
- 82 percent of America's prisoners are high school drop outs. (Hodgkinson, 6/92) This makes school failure among the strongest risk factors for being incarcerated.
- Since 1987, one-fourth of all preschool children in the U.S. have lived in poverty. (Hodgkinson, 9\92)
- Women who are single are raising 13.7 million children with a median family income of $10,982 (as of 1989). If the children are living with two adults the median family income increases to $36,872. (Hodgkinson, 6/92)
- In 1990, 13 percent of all children were regularly hungry. (Hodgkinson, 6/92)

- In the period between 1980 and 1992, the suicide rate among young adolescents increased 120 percent. (Wulf, 10/95)
- The firearms homicide rate for 10- to 14-year-olds more than doubled between 1985 and 1992. (U.S. Congress, 4/21/95)
- Injuries are the leading cause of death for young adolescents. The largest single cause of these deaths is injuries from motor vehicle accidents. (National Center for Health Statistics, 1994)
- The use of alcohol and tobacco remains more widespread than the use of illegal drugs. (Carnegie Foundation, 10/95)
- While the number of births to those ages fifteen and younger is not large, this group is experiencing the greatest rate of increased births. Pregnancy rates for all girls less that fifteen years old rose 4.1 percent in the United States during the period between 1980 and 1988 - higher than for any other teenage group. (U.S. General Accounting Office, 1995)
- Women who become mothers as teenagers are more likely to find themselves living in poverty later in their lives than women who delay childbearing. Although 28 percent of women who gave birth as teenagers were poor in their 20s and 30s, only 7 percent of women who gave birth *after* adolescence were living in poverty in their 20s and 30s. (Guttmacher Institute, 1994)
- Each added year of secondary education reduces the probability of public welfare dependency by 35 percent. (Berlin & Sum, 1988)
- Of teens who give birth, 46 percent will go on welfare within four years; of unmarried teens who give birth, 73 percent will be on welfare within four years. (Children's Defense Fund, 1988)
- Each year's class of dropouts will, over their lifetime, cost the nation about $260 billion in lost earnings and foregone taxes. (Catterall, 1987)

These facts illustrate the stark realities facing today's young people. As adults and guardians of their communities it is essential that we continue our efforts to increase each child's chance for success and health. This can only be done by working in concert with one another and not in isolation. We cannot afford the luxury of fragmented, categorical, or territorial approaches any longer, for our children are paying the price of our lack of unity.

What is Comprehensive Prevention?

Historically, schools and communities have invested considerable energy, time, and resources on remediation and deterrence. "Remediation is a reactive corrective effort to rectify or bring about change related to a recognized problem or need. Deterrence is an attempt to inhibit or prohibit certain activities or behaviors from occurring." (Lofquist, 1983) These are important efforts; however, they are not prevention. "Prevention is an active, assertive process of creating conditions and/or personal attributes that promote the well-being of people." (Lofquist, 1983) It is essential that we do not confuse these efforts. All of them are needed to provide the environment and services that nurture children's healthy development and education, but it is important to differentiate between prevention programs and other programs. Comprehensive prevention is a *proactive* effort that anticipates a problem and focuses its energies prior to onset of distress. It is different from intervention in that it is not reacting to an already existing problem. It is the difference between providing children with nutritious meals in the face of poverty and malnutrition, and giving those children the skills/education necessary to avoid repeating the cycle of poverty and malnutrition.

"Prevention is an active, assertive process of creating conditions and/or personal attributes that promote the well-being of people."

Because of this focus, comprehensive prevention programs must address basic human needs and developmental issues and cut across disciplines. The preventionist approach must focus on both individual concerns and environmental issues. Not only must individuals be provided opportunities to develop those attributes and skills necessary for their individual health, but we must create environments that sustain and promote that health. Comprehensive prevention programs are the cost-effective means by which we can

promote and stabilize the physical and emotional health and well-being of future generations of adults.

Since its beginnings, the Western Center has striven to make sure that its materials, services, and workshops were based on the best research information available. There has been a conscious effort on the part of the staff to narrow the gap between research and practice. Although not all of the evidence is conclusive, there is still enough information available to guide those planning comprehensive prevention programs based on what we DO know to date.

We can use what we've learned to increase the effectiveness of school-based prevention programs.

The following section is a summary of the lessons learned and promising approaches. It is based on the work of Bonnie Benard,1986-1996; Greg Austin, 1991; and Jordan Horowitz, 1991; who have synthesized the research in comprehensive prevention strategies, model programs, and protective factors and resiliency.

The literature divides the approaches to prevention into the following categories: information only; affective education; alternative activities programs; and psychosocial programs that include social influences, resistance training, and personal and social skills trainings. These approaches will be examined in terms of what has been learned, and how that knowledge can be used to increase the effectiveness of school-based prevention programs.

Approaches to Prevention
Lessons Learned Along the Way

Information Only

- Teaching only about the extreme negative consequences of AOD use is of marginal value in itself. However, providing credible information about harmful consequences is essential, with program success influenced by the type of information presented and the manner of presentation.

Change in knowledge does not necessarily change behavior

- An information-only approach is of limited effectiveness because knowledge, attitude, and behavior change are often not related. Knowledge is readily influenced, while attitude and behavior change are more difficult to achieve.

- The assumption that changes in knowledge lead to changes in attitude which lead to changes in behavior has been proven wrong.

The assumption that changes in knowledge lead to changes in attitude which lead to changes in behavior has been proven wrong.

Boomerang Effect

- Among some youth, overreliance on information may encourage experimentation by stimulating curiosity, a "boomerang effect." Such experimentation, however, may not outweigh overall program benefits.

Scare Tactics

- Scare tactics are not effective and can even be counterproductive. Such scare tactics include using pictures of car wrecks or black lungs, recovering addict testimonies, or other techniques that rely on shock value. This does not mean, however, that programs should not address the legitimate fears youth should have about the consequences of AOD use.

Affective Education

- Affective education programs alone have shown little effectiveness in influencing AOD use. This is largely because this approach addresses risk factors which are only of secondary importance and in most programs there was lack of programmatic connection to AOD use. In addition, some of this failure may have been due to weakness in the program delivery rather than the strategy itself.

There is no evidence that programs implemented by police officers are any more effective than similar programs implemented by teachers or other adults.

- Affective education can be a valuable component in connection with other approaches in which the skills are well taught and related to AOD use.

Psychosocial-Social Influences Resistance Training

- Considerable effectiveness of the social influences model have been found, but the effects have varied depending on the target behavior (type of drug use). Furthermore, it is unclear which components of these programs have produced these effects.

- Evidence regarding the effectiveness of normative education on use behavior is more substantial, although still not conclusive. The normative education component may be of more critical value than resistance skills in accounting for observed use reductions because of the role it plays in reducing the social acceptability of use and increasing conservative norms.

Program Providers

- There is no evidence that programs implemented by police officers are any more effective than similar programs implemented by teachers or other adults.

- Outside specialists, including project staff, may not be the most cost-effective or efficacious program deliverers.

- Not only must the information provided be credible, but so must the person providing the information.

Perceived Credibility

- The manner in which information is presented can either enhance or detract from its credibility. Obviously one-sided and biased presentations are likely to be viewed with suspicion.

Peer Leaders

- If peer programs are to be effective, careful attention must be paid in selecting appropriate leaders. Peer educators who are effective for mainstream youth may not have credibility among high-risk groups. The best peer leaders may be students who are responsible but somewhat unconventional. As with any program provider, thorough training is essential.

Personal and Social Skills Trainings

- Personal and social skills training programs have demonstrated significant behavioral effects on AOD use, often more pronounced than the social influence programs. These effects have been strongest for cigarettes and, to a lesser extent, marijuana, but relatively weak for alcohol.

General

- Prevention efforts that are effective for any given substance are not necessarily effective for other substances.
- Little or no evidence exists to support the use of self-esteem building programs in prevention efforts.

Prevention efforts that are effective for any given substance are not necessarily effective for other substances.

Characteristics of Effective Comprehensive Prevention Programs

Promising Approaches—Further Implications from the Research

Promising approaches to prevention programs can be divided into three areas: program comprehensiveness and intensity; program planning; and program strategies. The research summary below (from Benard, 1986-1996; Austin, 1991; and Horowitz,1991) is NOT exhaustive, but is designed to give prevention coordinators direction for developing effective programs.

Program Comprehensiveness and Intensity

- Target multiple systems (youth, families, schools, workplaces, community organizations, and media), using multiple strategies (provide accurate information, develop life skills, create positive alternatives, train impactors, and change community policies and norms).

School-based programs must be supported by broad action on the community level to have an effect.

- Target ALL youth as opposed to only "high risk" youth.
- Use a broad-based approach. Effective alcohol, tobacco, and other drug abuse prevention programs must be part of a broader, generic prevention effort focused on health and success promotion.
- Involve the community. School-based programs must be supported by broad action on the community level to have an effect.
- Target multiple sectors of the community and act in HARMONY with community efforts.
- Be prepared to deal with multiple problems of high risk youth.

- Provide long-term duration with interventions beginning early and continuing through life stages. Recommendations from research have been for earlier and earlier prevention programs.

- Provide a sufficient quantity of prevention. One shot prevention efforts don't work. (i.e., assemblies and other one-time events).

- Integrate activities into family, classroom, school, and community life.

- Build a supportive environment that conveys high expectations and encourages participation and responsibility. Research has shown that family and school environments in which children are given opportunities to participate and to have responsibilities produce positive behavioral outcomes in children.

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Planning

- Require a developmental perspective in prevention efforts with youth.

- Require a clear statement of goals and objectives, with a sound theoretical basis, that are realistic and obtainable.

- Provide clear and consistent, unambiguous, and credible information.

- Establish long-term perspective.

- Describe: setting, history, organizational structure, staffing, target populations, management procedure, and activities that actually take place.

- Actively engage students in discussing the consequences of use rather than treat them as passive "receptacles" for information.

- Forge collaborative school-family-community linkages.

- Use the activities to expand prevention beyond the school to increase the awareness of the family and

community of the nature of the problem and the need to address it.

- Select and train skilled adult leaders who are good role models, facilitators, and caregivers and can help youth achieve program goals.
- Focus on underlying behavior problems, family, and school issues.
- Use of a comprehensive approach, providing knowledge and social competency skills, seems to be the most effective intervention to date. (preventive interventions).
- Have a sound planning process: needs assessment, goal identification, implementation, management, evaluation, re-planning.
- Be collaborative. An effective prevention effort elicits active participation from all involved systems—parents, teachers, administrators, youth, local business, churches, agencies, local government—in the actual planning and implementation of the program.

Set realistic, multiple, and measurable goals. A long-term commitment and community-wide effort are needed to effect change.

- Set realistic, multiple, and measurable goals. A long-term commitment and community-wide effort are needed to effect change.
- Be flexible, adapting accordingly to a changing environment (i.e., funding level, leadership, constituency, etc.).
- Implement careful marketing. This attribute is increasingly important to the success of any program. Prevention has a big plus that not many social programs can claim—cost effectiveness. We need to capitalize on this.
- Evaluate effectiveness.

Strategies

- Address knowledge, attitudes, and skills as a focused set. Positive preliminary outcomes of ATOD abuse prevention programs that emphasize social skill development in conjunction with knowledge provision

and norm change testify to the necessity of addressing skills as well as knowledge and attitudes.

- Provide alcohol/drug specific knowledge, attitudes, and skills.

- Focus on tobacco, alcohol, and marijuana. Research has found:

  * Decrease in tobacco use and/or delay in onset of use spills over to decreases in use and/or delays in onset of alcohol and marijuana.

  * Use of either tobacco, alcohol, or marijuana is associated with use of the others.

  * The same underlying correlates exist for tobacco, alcohol, and marijuana use.

  * The use of tobacco, alcohol, and marijuana precedes the use of cocaine, etc.

Perceived credibility of the information and source is an important factor in effectiveness of education interventions.

- Provide credible information. Information disseminated credibly about the dangers of AOD use, as a component of a more comprehensive approach, may play a crucial role, especially in establishing a consensus against use. The type of information, who delivers it, and the manner in which it is delivered is critical to effectiveness of information dissemination.

- Ensure the saliency of information and educational materials. School-based prevention materials should: be ethnically/culturally sensitive, appeal to youth's interests, be appropriate for language and readability levels, address different modes of learning, and be appropriate to age/developmental levels.

- Incorporate multiple activities employing multiple models.

- Address the needs of specific targeted subpopulations and be sensitive to various cultural norms.

- Focus on skill acquisition with direct emphasis on behaviors such as guided practice and skill rehearsal.

- Address youths' need for immediacy. Information appears more effective when it addresses the "present-time" orientation of youth and emphasizes short-term, immediately relevant adverse consequences of use rather than the long-term consequences.

- Decrease beliefs about the positive consequences of drug use. This may be as important as increasing beliefs about their negative consequences.

- Provide information that counters perceptions that use is widespread and acceptable (normative education).

Peers can be effectively trained to be good program implementors, and the peer leaders themselves benefit from the experience.

- Provide positive alternatives that serve functions similar to or are more highly valued than those served by unhealthy behaviors.

Peer Leaders

- Peers can be effectively trained to be good program implementors, and the peer leaders themselves benefit from the experience.

- Peer educators have been found to be more effective than teachers alone, even of the complex social skills programs. However, the evidence is not consistent or conclusive.

- Impacting peer pressure alone, while a promising approach, is not enough, particularly for high-risk youth. Promoting the appropriate selection of friends and encouraging associations with non-using peers, may be as important as teaching skills to resist conforming to pressure.
- Given the potential benefits of peer programs to both leaders and audience, the evidence is that they are at least as effective as programs implemented solely by teachers.

Provider Characteristics

- Characteristics for any provider should include a relationship of respect and credibility with participants, cultural sensitivity and understanding of the client population, group leading skills.

Personal and Social Skills Trainings

- Promote school success.
- Promote social and economic changes that create more opportunities for education, employment, recreation, and self development.
- Promote positive effects that have been found not only among white, middle-class populations but also among ethnic minority youth. Although complex, this approach appears effective under real-world school conditions, and it may have the added advantage of positively influencing multiple problem behaviors.
- Incorporate life skills: communication; the ability to cope effectively with relationships; problem solving and decision making; critical thinking; assertiveness; peer selection; low risk choice making; self improvement; stress reduction; and consumer awareness.

Alternative Activities Programs

Alternative activities programs appear to be a promising approach, as part of a comprehensive program if:

Alternative activities programs appear to be a promising approach . . .

- Activities are used to illustrate the need to avoid AOD use and to reinforce the drug prevention learned in the school curriculum, but do so indirectly and avoid labeling the activity as an anti-drug program.
- Activities selected are challenging (but accessible), maintain high expectations, and provide the skills needed for success.
- They promote self esteem and the development of personal and social skills.
- They maintain an encouraging, cooperative, supportive environment, with a focus on participation and collaboration rather than winning and competition.

if they promote self esteem and the development of personal and social skills. . .

- They maintain a structured and orderly environment that teaches responsibility and accountability.

if they promote positive, supportive peer interactions among diverse groups.

- They promote positive, supportive peer interactions among diverse groups.
- They involve youth in the planning and running of the program.
- They develop activities that enable youth to serve as useful resources to their community.

Comprehensive Approaches to Prevention

Collaboration, Team Building and the School Improvement Process

Central to an effective comprehensive, integrated prevention program is collaboration and team building. Resiliency provides us with both the rationale and the framework for building a successful program by establishing ***caring and support, high expectations, and active participation*** as the foundation. By establishing collaborative linkages with all stakeholders, building a leadership team, and following a sound school improvement process, we maximize the probability of success.

Collaboration and Team Building

Collaboration is essential to effective program planning. Peggy Holstedt, from the Oregon Department of Education, has an entertaining analogy of the collaborative process:

- The first level of collaboration is when everyone brings their toys to the table and plays quietly by themselves.
- The second level of collaboration is when everybody brings their toys to the table and shares some of them with others—"you can play with these but you can't play with my red truck."
- The third level of collaboration is when everybody comes to the table and puts their toys in the middle and they are redistributed equally, including the red truck.
- The fourth level of collaboration is when everyone brings their money to the table and decides what toys to buy.

The fourth level of collaboration is when everyone brings their money to the table and decides what toys to buy.

In the past, with programs operating at the categorical level, much of the collaboration occurred at level two with limited sharing of resources. Now, with fiscal constraints and a paradigm shift towards comprehensive, integrated approaches, collaboration at level four is essential to the

implementation of successful programs. Scarce resources must be pooled and collaborative decisions made.

As the planning process proceeds, it is essential that all stakeholders be involved, these may include:

Taking time to do team building can circumvent problems down the road.

- YOUTH - the needs of youth cannot be effectively met unless they are included in the process. What they have to offer may surprise you in its integrity and sophistication.
- Head Start/Preschool Staff
- Title I Coordinators and Staff
- Human Development People
- Special Education Staff
- Bilingual/Migrant Education Staff
- Drop Out Prevention and Truancy Staff
- Community Business Leaders
- Faith Community Representatives
- Law Enforcement Personnel
- Instructional Staff
- Parents/Family Members/Elders
- Health Care Providers
- Representatives of your Community's Ethnic Populations
- Mental Health and Social Service Representatives
- Media Representatives
- School Board Members
- School District and Building Administration

Anyone else in the school or community who will be impacted by the program or who can have an impact on the program or its recipients should be included. From this large group of stakeholders can be drawn the members of the Leadership Team that effects change.

A group of people, even those with common goals, do not make a team, so, integrated into the process of planning must be strategies to assist participants become a team. Team building is a complex process that is unique to each community and situation. It is important that the Leadership Team work on team building strategies as well as the school improvement process. (See Appendix A for guidelines.) Taking time to do team building can circumvent problems down the road.

The School Improvement Process

Comprehensive prevention programs must be part of a planned school improvement process. There are many models and one, *Onward to Excellence* (OTE), has been widely used with considerable success in the Pacific Northwest and Alaska, and across the country. The model described below is drawn from the publication, *Success for All Students,* produced by the Northwest Regional Educational Laboratory. The Laboratory also provides formal training in the process.

School improvements incorporating comprehensive prevention programs should be focused on specific outcomes for students that are defined by the local school and community. The community culture—the combined interests, expectations and backgrounds of all community members—directly influences the school and has impact on how school improvements are designed and managed. Successful school improvements are guided by local leadership decisions about how best to support and enhance ongoing efforts and address locally identified needs.

School improvements should be focused on specific outcomes for students that are defined by the local school and community.

The local school effort is led by a leadership team consisting of the principal, key teachers, a central office representative and, as appropriate, parent, student, and community representatives. The team leads the school through a ten-step process to collect student performance data, use the data with the full staff to set a schoolwide improvement goal, plan a prescription for improvement, prepare for and implement the prescription, monitor implementation and evaluate progress through the improvement goal. Teams work closely with staff members and can involve parents and community members at many points in the process.

Once the school completes the full process the first time, schools again collect student data, use new data to renew work on the current goal or to target a new goal, and follow the process to plan, implement and monitor improvements.

The OTE cycle becomes a school-based method for managing improvements based on a regular collection and analysis of data on student performance. In addition, the

process provides new structure for teachers, administrators, parents and the community to learn and work collegially together for the benefit of all students.

Team members are selected to assure a broad representation of the entire school community.

1. Getting Started

Research shows that involving the school principal, other school staff members, and district office personnel jointly in a school improvement effort increases success. In OTE, a leadership team from each local school manages the planning and implementation of improvements in the school.

The principal introduces the staff to the concept of research-based improvement and describes the ten-step improvement process. The principal also points out to staff that there are opportunities for staff involvement in planning and implementation of improvements at specific steps in the process and initiates a process for selecting a leadership team. Team members are selected to assure a broad representation of the entire school community, and the principal may include parents, students or other members of the community as a full members of the leadership team.

2. Learn About Research

Change is most effective when focused on priority goals.

The effective school research base identifies schooling practices and characteristics associated with measurable improvements in student performance. These *effective school practices* focus on elements of schooling associated with curriculum, classroom instruction and management, discipline, monitoring of student performance, and instructional leadership.

The leadership team studies this research base to gain in-depth knowledge of effective schooling practices. They then introduce the entire staff to the research and findings. More study can follow, as desired.

3. Profile Student Performance

To make changes for improvement, it is necessary to know what is actually taking place in the school. Current levels of student performance must be identified before any planning for focused improvement takes place.

The leadership team, with involvement of staff, collects data about teaching and learning in their school, including student performance, characteristics and practices likely to affect student performance, contextual factors, and resources. A survey of community perceptions about how well students are learning may also be conducted. These data are summarized into a single report called the school "profile."

The profile provides a broad picture of the performance of all groups of students across many or all curriculum areas. Data are included that describe student academic achievement, behavior, and attitude. For each group of data, a one-page description is prepared to include a display of the data (chart, graph) and brief narrative descriptions highlighting key findings. It is important that profile data be readily understood by all staff. Narrative statements describe but do not evaluate data.

When schoolwide efforts for improvement are tied to clear goals, a commonality of purpose gives strength to the improvement work.

4. Set a Schoolwide Goal for Improvement

Managed change is most effective when focused on priority goals. When schoolwide efforts for improvement are tied to clear goals, a commonality of purpose gives strength to improvement work.

At this step in the process, the leadership team directly involves the entire school staff and selected community members in the identification of a schoolwide goal to improvement student performance. Goal setting is based on data compiled in the profile.

5. Check Current Instructional Practices

An analysis of current instructional practice is necessary to determine where practices can be changed to meet the improvement goal. The leadership team collects information about practices on a schoolwide basis. They also collect data from all staff through surveys and sometimes through classroom observations. Students may be surveyed for their perceptions of effective schooling practice in the school. Surveys of parents and other community members may be used to gather additional input. The team then summarizes the information and presents findings to the full staff. The

staff reviews the data about instructional practice to identify schoolwide strengths and weaknesses.

6. Develop a Research-Based Prescription for Improvement

Once the goal or goals are established and current levels of practice identified, the next step is to select ways to change practice to meet the improvement goal. The leadership team involves the staff in reviewing effective schooling research results related to the improvement goal. They select instructional methods and techniques which research shows can contribute to the improvement of student performance in the goal area. The team may also meet with the parent organization or other groups to discuss community involvement. This list of practices becomes the draft of the schoolwide improvement *prescription.*

A heavy emphasis is placed on designing a high-quality staff development program.

7. Plan for Implementation

The leadership team, with involvement of the staff, creates a plan for putting selected effective schooling practices into operation in the school. Responsibilities are assigned, materials are developed, necessary resources are identified and timelines are established for implementation of research-based practices related to the goal area. A heavy emphasis is placed on designing a high quality staff development program to build skills related to practice in the goal area.

8. Implement the Prescription

According to the plan, the new practices are implemented in the school. The leadership team manages the implementation, working with staff members as required by the plan. The team may also enlist the aid of parents and community members, and may work directly with parents who are helping their children to succeed.

9. Monitor Implementation

To assure progress toward planned improvements, the leadership team and the staff monitor completion of activities specified by the plan and changes in classroom and schoolwide practice. In addition, as the school progresses toward full implementation, the leadership team monitors

student performance to identify the impact of the improvements.

The leadership team records all monitoring results, analyzes school progress and keeps the staff informed. Based on monitoring, adjustments are made to the prescription and the implementation plan as needed to improve effectiveness.

The process focuses on assuring that ALL students succeed.

10. Evaluate Progress and Renew Efforts

At the end of the first cycle of improvement (usually two years), the entire staff reviews improvement results under the direction of the leadership team. They identify strengths and weaknesses of the plan and its implementation, and they recommend ways to improve the schoolwide approach. The team may return to parents and the community to see if they perceive changes in the school or have suggestions for new improvement work.

The staff and leadership team discuss the improvement effort and decide whether the school should continue to work in the original goal area or move on to a new goal. In either case, plans are made for entering a new improvement cycle using the process of data collection, profile preparation, goal setting, prescription development, implementation, monitoring and evaluation.

The *Onward to Excellence* process focuses on assuring that all students succeed. With a team of leaders managing improvements, full staff involvement, and ongoing contact with parents and the community, the process creates a long-term systematic approach for local school improvement to meet locally identified student needs.

Summary and Conclusions

Effective prevention coordinators MUST be part of the school improvement process

- The ongoing changes that are an integral part of the American educational system provide us with success stories that provide a basis for developing comprehensive prevention programs.
- Research into *effective schools* and *resiliency* provide us with a structure for viewing the reform process.
- Systemic reform combines the best of past reform efforts, combining the strengths of grass root, or "bottom up" reform, with the support of "top down" reform initiatives.
- Federal Title I Schoolwide Program initiatives provide the impetus for comprehensive approaches that meet the needs of ALL students.
- The *RESILIENCY* model based on the protective factors of: *caring and support, high expectations* and *active participation* provides the framework for developing systemic change in the school and community.
- Statistics on drug and alcohol use, suicide, and violence point to increasing challenges for today's youth and an increased need for comprehensive approaches to prevention.
- Over the years, a great deal has been learned about prevention—what does and what doesn't work. In developing comprehensive prevention programs, it is important to explore the lessons learned along the way.
- Effective comprehensive approaches to prevention require a paradigm shift from the traditional "categorical" approach to an integrated approached focused upon ensuring success for ALL students.
- The role of the prevention professional is evolving from an isolated categorical focus to an integrated, collaborative model.
- Effective prevention coordinators MUST be an integral part of the school improvement process.

- Central to effective comprehensive prevention programs is collaboration with community stakeholders and teamwork.
- Comprehensive prevention programs must be an integral part of a school improvement process focused on specific outcomes that are defined by the local school and community.
- The process must focus on ensuring that ALL students succeed.

Some thoughts in conclusion...

- Prevention is a process, not an event. If you do not have all of the components, work with what you have, and build toward what you need.

  Remember, youth can provide a virtually untapped resource, for answers and support. Let them help.
- It is more cost effective to invest in prevention efforts than to pay for the consequences of substance abuse.
- A sense of humor can go a long way, and it builds resiliency.
- Adults need to be concerned with their own resiliency as much as with children's.
- No one can do it alone, it takes a group effort.
- If you try, you can succeed—and so can children and youth.
- One person, building a relationship of caring, can save a child.

Never doubt that a small group of dedicated people can change the world. In fact, it is the only thing that ever has. --Margaret Mead

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APPENDIX

Community Team Building

Reprinted from Western Regional Center for Drug-Free Schools and Communities, *Planning for Drug-Free Schools and Communities*, 1991, Portland, OR, Northwest Regional Educational Laboratory.

COMMUNITY TEAM BUILDING

By

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Although alcohol and other drug abuse is generally perceived to be a community-wide problem, too often attempts at solutions are focused only at the school level. It is the purpose of this article to provide information that will assist communities in developing teams or task forces that can design and implement successful, effective prevention activities.

All over the country communities are struggling with the same types of issues: What can be done to combat the growing abuse of drugs and alcohol by youth? Where does the school, the home, the service organization, the parents' group fit in? Is there help from the county? From the state? How do we get started and how do we keep it going?

Because each community is unique, the answers to the above questions vary greatly. What is constant from small districts to large, from rural to urban, is the fact that people working together in teams will experience more success than people working in isolation. In other words, you don't have to do it alone!

Task forces and community teams usually begin when concerned people gather together as an interest group. This interest group may come together as a response to a crisis or tragedy that touches community members. People begin to ask: What is occurring in our community? Who is doing what? What is needed?

What they do next depends upon two things: Who is on the team and what are its strengths and weaknesses?

Successful teams spend much time on this issue. A broad representation from the community ensures a more successful outcome. Because substance abuse either directly or indirectly affects EVERYONE, all the following groups should be represented on the team: parents, school personnel (including non-teaching staff and school board members), law enforcement and juvenile justice systems, community and civic service groups, religious organizations, health and social service agencies, government policymakers, local businesses, and the media. Teams often forget the most obvious -- the kids themselves. The participation of youth is critical. Representatives of the "problem" must be part of the solution.

Involving all segments of the community will take considerable time and effort. It's best to start slowly and to remember that community team building is more a process than a program; it can't be rushed and it must be flexible.

Planning should only begin when goals, both short-term and long-term, have been established. In the initial stages of planning it is important for the team to keep in mind that reducing and eliminating alcohol and other drug use is a marathon--not a 50-yard dash! Members should not set themselves up for discouragement by expecting overnight results. Planning should focus on meaningful projects with visible outcomes that support the long-range goals of the community.

Community teams typically arrive at goals that fall within these broad strategies: a) providing public information and awareness; b) providing educational and/or skill-building opportunities; c) providing activities, support services, and resources for young people in the community; and d) influencing social and community policy.

Examples of these strategies abound in the Western region. To increase public awareness of substance abuse, communities are holding parent and youth forums, town picnics and health fairs, community runs for "clean heads and healthy hearts," and contests for how "Spuds McKenzie" can have suds-free fun. Youth drama groups that focus on adolescent issues are performing for both youth and adults, and informational booklets on available resources are being distributed in communities and schools.

Educational and skill-building opportunities are providing classes for personal growth, parenting, leadership training for youth, and vocational education. In many communities, minicourses on subjects ranging from effective discipline, improving parent/teen communication, living in stepfamilies, and personal problem solving workshops are offered both on Saturdays and in the evening with free child care and dinner.

By providing activities, support services, and resources for young people in a community, a task force and community team can help meet unmet needs. What are children and young adults doing between 3:00 p.m. and 6:30 p.m.? One neighborhood church offers tutoring and homework assistance and then basketball. Youth centers are being formed where the youth decide what drug-free activities will be provided. Youth councils are advising city councils on needed resources, and effective coalitions are being formed. In one rural community, business and civic groups "adopt" youth groups and help sponsor weekend drug-free activities such as dances and film premiers.

When community teams focus their efforts on changing social and community policy, they are really beginning to work at changing community norms. Changing community norms often requires changing local regulations. For example, one Bay Area California community now fines parents $190 for the costs of police breaking up teenage drinking parties. Another community has blocked the sale of alcoholic beverages at a convenience store across from a local high school.

Defining strategies and organizing activities for a community is the "easy" part. For many teams and task forces the greatest obstacle to their success is the ability to maintain the initial exciting momentum common to all beginning groups. If team members suddenly stop coming to meetings, an assessment of the team composition and dynamics may be necessary. Consider the following:

- Do all members want to be part of this team? No member should participate out of a sense of obligation only.

- Do all members believe that they are "getting" as much as they are "giving"? Learning more about the issues and problems should be a strong motivation for membership.

- Have people begun to know others as "people" not only in their roles as team members? Meetings and committee tasks should be pleasurable (sometimes even FUN!) experiences.

- Are member roles clearly defined? Does everyone know what is and isn't expected of them?

- Is there a real sharing of power and responsibilities? A dominating leader or members with their own individual "agendas" can severely limit a team's effectiveness.

- Does the "climate" of the group support its tasks? Do individual members personally practice the team's philosophy of health-promoting behaviors for themselves and their children? Is the team morale generally positive? People should receive energy, inspiration, and education as a result of their membership.

- Is there good internal communication? Are realistic agendas negotiated and distributed with adequate time for member input? Are committees reporting their ongoing progress without involving the entire group in their work? Meetings should not be called just for the sake of "meeting."

- Is training a priority? Team members should be educated in a broad range of topics affecting youth, including parenting skills, adolescent and child development issues, as well as basic chemical dependency information. Experts can be invited to present at meetings and team members can "train" each other. Members should be encouraged to attend conferences and workshops. More knowledge increases the confidence and motivation of members.

- Is there a dominant "educated" segment? Teams will naturally divide themselves into subgroups based on interests and expertise. These subgroups should be encouraged to share their knowledge with the entire team. Remember that everyone has something to offer. Remember to involve youth in decision making, and don't forget their experience in adult committees is limited.

- Are the team's efforts actively supported by the community? The local media should provide ongoing FREE coverage; participation on radio and TV talk shows should be frequent. Monthly newspaper columns detailing progress can be written. The team should feel that its work is well publicized, appreciated, and supported. Local governments can be involved for official endorsements and proclamations.

- And finally, are obstacles anticipated and planned for? Groups that spend energy reacting to crises and coming up against hurdles set themselves up for burn-out and ineffectiveness. Resistance and denial should be anticipated and planned for.

EFFECTIVE COMMUNICATION

The following behaviors tend to help a group communicate more effectively:

1. Active listening
2. Paraphrasing
3. Perception check
4. Seeking information: asking for clarification
5. Offering relevant information
6. Sharing information that influences your feelings/viewpoints
7. Offering alternatives to consider
8. Summarizing
9. Monitoring or "Gatekeeping"

The following behaviors tend to hinder or block effective group communication:

1. Changing the subject
2. Explaining, interpreting someone's behavior or comments
3. Giving advice
4. Unquestioning agreement
5. Denying feelings
6. Going by past expectations
7. Giving commands, orders
8. Asking for orders
9. Giving approval or disapproval on personal grounds
10. Calling upon emotional obligations
11. Rationalizing
12. Kidding, joking

CONSENSUS DECISION MAKING

Consensus is one of several modes of decision making. Groups can also make decisions by single-person authority, minority subgroup pressure, or majority rule. Consensus is **not** the same as a unanimous vote, although it does result in total group support. In particular, the following components distinguish a consensus decision: (a) enough people are in favor of the idea in question and are willing to work to carry it out, and (b) those who are not in favor nevertheless understand the idea and agree not to obstruct its implementation (at least for a designated time period).

The consensus process involves a willingness to argue for your point of view if you hold it strongly, as well as a willingness to support positions that have equal or stronger justification. Conflict resolution skills often come into play, including paraphrasing, recognizing strong feelings, and periodically surveying the group for its stand.

GUIDELINES FOR THE CONSENSUS PROCESS

Don't argue for your position without any justification.	DO...present your position lucidly and logically, and have information to support it.
Don't automatically argue for your own priorities.	DO...listen to other members' reactions and consider them carefully before you press your point.
	DO...yield to positions that have objective and logical foundations.
Don't change your mind just to avoid conflict or to achieve harmony (i.e. don't default).	DO...be suspicious if group agreement comes too quickly or too easily.
Don't try to resolve conflict with a majority vote or a flip of the coin.	DO...explore the reasons for difference of opinion and feel sure that everyone accepts the solution for similar or complementary reasons.
Don't assume that a stalemate or impasse will result in a win-lose situation.	DO...look for a new alternative.
	DO...recognize the differences between objective data and gut-level feelings about an issue.

In summary, consensus decision making may take longer than a majority vote because of the time necessary for a group to work through periods of conflict and discomfort. But by not sacrificing individual opinions for the sake of efficiency, the result is an **increased understanding of the issue at hand** and a **higher level of group commitment to constructive action**.

Adapted from Schmuck, et. al., *The Second Handbook of Organization Development in Schools*. Palo Alto: Mayfield Publishing Company, 1977.

TEAM-BUILDING TIPS

Pre-activities

1. Have clear, concise expectations concerning the roles that the members of the school team should have, time involved, training needed, and length of service.
2. Have clear, concise expectations of what needs to be accomplished, where meetings will be held, how long, how often.

Finding Team Members:

1. Seek out leaders from both the community and school who are dedicated to fulfilling the role expectations. Remember: this is **not** a job that should be "assigned" and should not be a group put together to "take care" of personal problems of the members.
2. Define the roles of the membership so that no person on the team is "surprised."
3. Teams work better with members representing a diversity of roles in the school and community.

Keeping the Team Members:

1. Expectations of the members should be in writing. Planning each meeting in advance will minimize surprises.
2. Put team members to work immediately. None of us likes to attend "Mickey Mouse Meetings" or to feel we are a "token" participant.
3. Assign tasks according to interest and according to accessibility to the tools of the assignment. Example: the newspaper editor might be in charge of publicity; the classroom teacher assigned to arranging meetings within the school; the school board member assigned fund raising for specific projects.
4. Have training for team members as often as possible. Provide up-to-date material for each member.
5. In the beginning, work out potential problems before working on tasks (i.e., philosophical questions about issues), then decide, as a team, where you're going.

Special Issues and Concerns

1. Considering the prevalence of chemical dependency in our society, it is very likely that some team members have been personally affected by this disease. In addition, people coming from a dysfunctional family situation may have issues similar to those of people affected by chemical dependency.

2. It is important to realize that certain types of people are often attracted to this area. Each person brings to the team his or her own issues. This can be both positive and negative. The team can be very similar to a family, and it can be functional or dysfunctional.

3. School/community teams are often taking on an enormous task and need to learn how to take care of themselves. Team members should be aware that individuals may come and go, each joining or leaving for different reasons. The make-up and "character" of the team will change even as the goal remains constant.

4. Be aware that the team may encounter charges of "elitism." As a team member, be willing to share and educate people about your mission, including them in the process if possible. Keep your staff, administrators, parents, school board, etc., informed of the team's progress.

Getting Your Team Off to a Positive Start

1. Get a cross-representation of people and professions.

2. Work on defining roles and expectations. Remind yourselves that these roles are fluid and may change as time goes by.

3. Establish the mechanics of your team:
   - _ Meeting time and place
   - _ Recorder
   - _ Calendar

4. Give yourselves short-term, realistic tasks to accomplish.

5. Keep your perspective! This problem has taken a while to develop and it will take time and effort to impact. There is no quick fix!

6. Establish expectations and boundaries for the team members to work within. You may be working with your boss, or someone you supervise, and team interrelationships may be different than the work relationships.

7. Consider attending some self-help groups (such as Alanon for professionals, or possibly a parent support group) to help you understand chemical addiction.

8. Be aware that some teams encounter such difficulties within the system that it can tear at the very existence of your program. Be willing to call on outside or neutral sources to help you through the difficult times.

STAGES OF TEAM DEVELOPMENT

There are several models of team development available. One that is helpful for school/community teams is that first identified by Tuckman (1965). He developed a four-stage model as follows:

Stage 1: Form

During this stage the team members are becoming comfortable with the group. They are learning what is acceptable. New members are learning the "feel" of the group. For new teams this is a time for selecting leadership, identifying various task roles, and people that will fill them. Agreement on the goals of the group and procedures for operating. The following statements characterize this phase:

* Attempts to define the tasks so that they have meaning for the team and to decide how the team will accomplish the tasks
* Decisions on what information is needed, who will gather it, and how it will be used
* Many members are hesitant to participate
* Team rules are set and tested by the participants
* Intellectualizing the work of the team with less feeling expressed
* Discussion often wanders from the central task as members try to restructure the task
* Complaints about the team structure
* Suspicion and anxiety about the ability of the team to "get it together"
* Minimal work accomplished

Stage 2: Storm

During this stage individual team members may become hostile, highly directive or overzealous in their attempts to resist the team formation and function. Members of the team come to grips with the amount of effort and personal sacrifice it may take to meet the goals of the team and respond emotionally to the team. Characteristics of this phase include:

* Infighting, defensiveness and competition
* Establishment of unachievable goals

* Resistance to the goals because they are viewed as interfering with personal needs
* Team forms sub-groups, polarizing the team
* Concern over excessive work
* Establishment of pecking orders
* Minimal work accomplished

Stage 3: Norm

During this stage the team accepts the norms, the roles, and expectations of the group--even accepting the varying idiosyncrasies of individual team members. Characteristics of this stage include:

* Giving up self-interest to gain maximum harmony;
* A high level of familiarity with and concern for other team members, including confiding in each other, sharing personal issues and discussing how the team is working together
* A sense of team spirit and camaraderie
* Agreement on team goals and boundaries
* Moderate work accomplished

Phase 4: Perform

This stage may not always be reached by teams. In this stage there is a high degree of performance. The team is able to diagnose, solve problems, and make more difficult decisions. Other characteristics include:

* Members of the team are able to gain great personal insight
* Members are able to talk about the interpersonal issues that may arise from time to time
* There is much progress toward the goals

The authors believe that just as individuals go through predictable stages in development, so do teams. Efforts to rush through the stages may produce a breakdown in team function. Movement through the stages is predicated on individual and team maturity, task complexity, leadership, organizational climate, and external or community climate. Some teams will never be fully functioning. "Given that the stages are inevitable,

one way to help reduce the time needed for a new or changing team to be fully productive while minimizing the tension, fear, or anxiety common in the form and storm stages is to share rumors, concerns, and expectations about the group. Members of the group can contract with one another that there will be no 'surprises,' and therefore an atmosphere of trust can be achieved earlier (norm stage), allowing for interpersonal issues to be put aside in favor of task issues and for the team to move on to perform" (p. 126).

Some Typical Dysfunctional Behaviors of teams in transition

(based on Tuckman, 1965)

BY TEAM MEMBERS	BY TEAM LEADER	BY TEAM
Anxiety about the future	Attempts to take charge	Gain/loss in esteem
Attempts to blend into the woodwork	Seemingly random changes	Competitive behavior
Reassessment of "why" on this team	Inaccurate assessments of team members	Realignment of turf
Rejoicing/mourning loss of old leader	Negative stereotyping	Reduced candor
Temporary confusion over expectations	Favoritism; finding "own" people	Confusion over team purpose/priorities
Sabotage	High expectations & frustrations	Work slows down or stops
Distrust/blaming	Stress reactions	Excessive meetings or presentations
Testing of new leader		Formation of new coalitions
Panic		Shelving of innovative plans
Jockeying for position		Change of reward system
Stress reactions		Overuse of grapevine

Adapted from
Peter Fay and Austin Doyle,
Stages of Group Development,
The 1982 Annual for Facilitators, Trainers, and Consultants
University Associates

A TEAM-BUILDING ACTIVITY

Teams require time when they can interact with each other on more than the task activity they are engaged in. The following team-building activity has been modified for school/community teams from Richard Bunning, in *The 1985 Annual: Developing Human Resources*, University Associates.

A maximum size of team for this activity is about 12 people. The time can take up to four hours. Each person needs a piece of paper and pen and something hard to write on (e.g., clipboard). Newsprint chart of blackboard is needed for the facilitator. The team members should be seated in a circle.

On the newsprint is written:

"On this team, I need to improve my ability to..."

The facilitator may give some ideas such as: "...confront other team members regarding difficult issues;" "...be more positive;" "...complete my assignments on time."

The team members are given 3-5 minutes to complete their sentences. While they are working on this, the facilitator writes these sentences on the newsprint/board:

1. **In your opinion how does the sentence completion represent what this team member needs to do for his or her growth?**
2. **How challenging do you think this undertaking would be for this person?**
3. **How can you and other team members support this person to meet his or her goal?**

Each team member reads his or her sentence completion. The facilitator then asks for team members to volunteer to receive feedback from the team on the three posted questions. The feedback continues until all volunteers have received feedback.

Each team member who has received feedback is asked to keep, modify or completely change his or her growth goal. The team members are asked to restate their goal to the team (15 minutes per team member).

The following is then written on the newsprint or board:

1. **In pursuit of my goal over the next 6 months, I will...**
2. **I am asking my team members to help me achieve my goal by...**

The team members are asked to write the two questions on their paper with plenty of room between the two. They are then asked to respond to the two questions with at

least two actions that they will take in the next six months and at least two actions that they would like the team to take in support of their goal (10 minutes).

Each team member shares his or her statements with the team responding with brief statements, positive affirmations or willingness to support (5 minutes per participant).

(OPTIONAL) The team leader then may lead a discussion by asking the following questions:

1. How did you feel about sharing a growth goal with the team?
2. What team member responses were helpful to you?
3. How do you think this activity has helped the team?
4. What have you learned about team support in this activity?
5. How can the team be accountable for reaching the growth goals in the coming months?

Finally, each team member is asked to keep his or her sheets of paper to refer to over the next months. Team time should be taken within the next two months to follow up on the commitments of the team.

TEAM DEVELOPMENT WORKSHEET

Part 1: Check List

The check list below will help you keep track of the activities that will help to make your team function smoothly and effectively.

___Determine the method of making decisions in your group (e.g., consensus, majority vote)

___Determine the purpose for this team to be formed

___Determine specific goals to be achieved by the team

___Make a roster of current members of the team

___Determine the frequency, time and place of meetings

___Establish some ground rules for the team (e.g., regular attendance, confidentiality, start on time--stop on time)

___Identify group roles (e.g., secretary, facilitator)

___Agree on method of selection, length of term and responsibilities for the roles

___Determine what other representatives from the school or community that you want on the team

___Outline a process for selecting new members

___Recruit new members

___Determine method for dealing with team members who do not follow team ground rules

___Write down a plan for ongoing team development (e.g., time to get to know each other better, fun times, assessing how the team is doing)

Part 2: Rationale

What is the purpose of your team?

What do you want to accomplish?

Part 3: Members

Use this to identify current members and representation and brainstorm addition roles and persons desired on your team.

Who are the current members on your team? Fill out the team roster.

Who do you want represented on your team?

Brainstorm individuals (representing those roles) who would be good to add to your team.

Determine how many members would be good for the team (minimum/maximum).

Part 4: Team Roster

Member	Team Function	Date of Membership

SKILLS AND TECHNIQUES FOR TEAMING OR WORKING IN A GROUP

Paraphrasing

A skill to help people be sure they understand each others' thoughts, ideas, and intentions. This is done by stating in your own words what you thought the other person said.

Behavior Description

The skill of describing another person's specific, observable behavior. This is done without making accusations or generalizations about his or her motives, personality, or character traits.

Perception Checking

The skill of describing what you perceive to be the other person's feelings in order to check whether you do understand what he or she feels.

Description of Feelings

The skill of reporting your own inner state as specifically as you can to help others understand how you feel at the specific time it is stated.

Consensus

A process used by groups to gain strong commitment and participation in a group decision. Involves considerable sharing of ideas and feeling before the decision is made.

Survey

A technique used by groups to gather information about the group or about group tasks. The data is tabulated, compiled, and fed back to the group so it can be used immediately in the group's work.

Looking at Ideals

One way in which a group can look at its goals and direction. Creating the ideal model can help point out to group members where they are heading, and help clarify why particular solutions are selected during problem solving.

Brainstorming

A technique used by groups to list all ideas and feelings without the fear of having to justify the details of each idea. This gives a group considerable data about where they are, and what individual group members think or feel at the time about a task, goal, or problem.

Sub-groups

The division of a large group into smaller sub-groups provides the opportunity for more "air time" for each group member. It also provides a large group with more data, and more effective use of each member's time in relation to the task.

Debriefing

A technique used by effective working groups, usually at the end of a meeting, to check where the group is in its working relationships. In other words, how well are they working together--using the skills, processes, and techniques they have agreed upon to use.

Group Agreements

A list of agreements, usually in behavioral terms, that a group subscribes to as their desired working relations. These are tentative agreements and can be changed by agreement of the group at any time.

Fishbowl

A technique used by groups to share information or make decisions after working in sub-groups on a task. It allows for representatives to discuss and share information and feelings from the sub-groups. There are open chairs for any member of the larger group who desire to have input.

Role Definitions

A list of tasks and behaviors expected of the person in a particular position. This is developed with the person in the position, and agreed upon in advance by the total group. Since roles are always tentative, it is negotiable at any time a group member desires to do so with the total group.

Action Plans

Action plans are proposals for solving problems. They are written to include the specific things to be done, when they are to be done, and by whom they are to be done. Action plans give clear direction to the group about the proposals selected by the group.

Strength Sharing

A technique to acquaint the staff with the individual resources of all group members. Usually done on wall charts, then printed and compiled into a staff handbook.

S-T-P Problem Solving

A process used by a group to establish the Situation at present, to determine the Target, and to propose a number of solutions or Proposals. Its greatest asset is that it categorizes group members' thoughts as they are presented. Another asset is that it does not inhibit thinking to one area at a time. It is usually done with wall charts, and begun as a brainstorming activity.

Warm-ups

A short activity used at the beginning of a group meeting to get persons warmed up to the group, and ready to think about the tasks at hand. A transition activity to clear the head of previous problems and activities.

Cards on Charts

A brainstorming technique that allows group members to get their ideas up on the chart without fear of discussion, debate, etc.

Butcher Paper & Felt Pens

A technique used by groups to get information in front of all group members at all times. This overcomes the problem of having someone take notes and then re-read previous ideas at various times to the group, because "I don't remember exactly what you said."

Handouts

A technique usually used by effective group leaders to share, in writing, what they have been talking about, or plan to talk about. This gives group members specific, detailed information about the situation or task to be discussed.